

SCIENCE & MEDICINE DEPT.

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THE SUBMISSION OF DR. JOSEPH BERKELEYTO THEMEDICAL SERVICES INSURANCE ENQUIRY

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1. I am a medical doctor carrying on the practice of medicine, specializing in physical medicine, at the City of Windsor. I hold the following degrees -

(a) Bachelor of Medicine and Bachelor of
Chirurgy, Glasgow University, Scotland, 1943;

(b) Doctor of Medicine, Glasgow University,
1947;

(c) Diplomate in Public Health, Glasgow
University, 1946;

(d) Certificate in Physical Medicine, Royal
College of Physicians and Surgeons, Canada,
1951;

2. So far as the North American continent is concerned, the specialty of physical medicine represents a relatively new area of medicine and certificates for the specialty have been offered on this continent for about sixteen years only. The practice of a physiatrist (or practitioner in physical medicine) is unique in that it couples together the area of diagnostic procedures and professional opinion with treatment itself. A physiatrist cannot successfully engage in his practice unless he has the opportunity to merge together both the matter of opinion and treatment. In my opinion, physiotherapy treatment provided as a consequence of direction

of the physiatrist is most effective when given by a physiotherapist under the supervision of the physiatrist, or, in a number of cases, by the physiatrist himself. To this end, my offices consist not only of consulting rooms for the interviewing of patients and the offering of opinion and advice, but include treatment rooms, equipment and various mechanical devices as well as the services of a trained physiotherapist, so that both consultation and treatment can be continued either directly by me or directly under my supervision. In fact, the treatment rooms and equipment are at least equal to that which would be provided by a hospital.

3. While it is true that the practice of physical medicine as a specialized branch of the field of medicine is relatively new on this continent its importance and the necessity for treatment as a complement to professional opinion and advice has been recognized by various organizations. Thus, physical therapy in my office as a result of my professional advice is qualified as a benefit under The Medical Welfare Plan of the Ontario Medical Association, the Department of Veterans' Affairs, the Workmen's Compensation Board, and private carriers of medical and health insurance.

4. Under Schedule "A" to Bill 163, which is before the Commissioners for review, the benefits provided by a standard medical services insurance contract will include

the necessary professional services of a physician wherever rendered unless excepted under the Act or Schedule "A" to the Act. One of the exceptions set out in paragraph 3. of Schedule "A" is "physical therapy and other similar treatments". It is clear then, that as the Act presently reads, part of my practice which consists of physical therapy in the office as a result of my advice and which I consider to be so vitally important, will be an exception not qualified as a benefit under a standard medical services insurance contract.

5. I make three points in objection to the exclusion of physical therapy without any limitation under the proposed Bill, namely:

(a) Such a widespread exclusion overlooks the special relationship between advice and treatment that is of such importance in the field of physical medicine as practiced by a specialist.

(b) At present out-patient therapy in hospitals is not a benefit qualified under the Ontario Hospital Services Commission Plan - but a distinct probability is the widening of that Plan to include therapy. If, by reason of Bill 163, patients are excluded in their insurance

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benefits from physical therapy services in the private doctor's office, but have insurance coverage for physical therapy as an out-patient at a hospital, it is unquestionable that they will attend the hospital out-patient department. Such a development will either eliminate or bring to a halt the necessary development of a private practice of physical medicine.

I suggest this is undesirable in a specialty so young and yet so much required in the development of new procedures for the treatment of disorders of the joints, neuro-muscular disorders and personal injuries from automobile and other accidents.

(c) I feel as well that the Plan for medical care proposed by the Government of Ontario is not intended to eliminate the private practice of medicine as opposed to the institutional or staff practice, but Bill 163 as now worded will have this effect.

If one refers to the Bill, it will be observed that other specialized fields of medicine such as pathology and radiology which

are carried on both privately and in staff practice are not so affected - and I submit that such should be the case in the field of physical medicine.

6. I have offered the view that the consequence of Bill 163 as it now stands ultimately will mean the abolition of the private practice of physical medicine. This, I would submit, is not in the best interests of the public for several reasons -

(a) A consequence would be confinement of the practice of physical medicine to the institutional setting only, which, I would feel, would not provide scope for the introduction of new methods and outlooks, particularly desirable in the development of a new specialty in the field of medicine.

(b) The number of specialists in physical medicine presently is limited and if, to effectively practice their specialty, they will be required to do so in institutional surroundings there will not be a sufficient number of physiatrists to serve all of the institutions requiring this necessary service. At the present time, by being in

private practice, I am able to serve as a specialist the requirements of patients of the profession at large, as well as the needs of the various hospital institutions in the City of Windsor, but I have grave doubts that were I to go upon staff at one institution that I would be in a position to serve the profession at large and the other institutions as well.

(c) Perhaps particularly because it is a young and growing specialty, the need for new equipment for treatment and the variation of equipment and technique is important.

In an institutional setting the determination for the purchase of such equipment must necessarily be that of a committee who for various sound reasons related to the overall requirements of the institution and not solely to the area of physical medicine may refuse to acquire the equipment. The physiatrist in private practice is therefore better able to employ his own personnel and direct and determine his own facilities free of any of the overall concerns that are

the obligations of the institution and related only to the field of physical medicine. I would suggest the quality of therapy may be impaired in an institutional setting for these reasons.

(d) As the Commissioners are well aware, prepayment plans tend to increase the utilization of a service offered and this is one of the problems that directly affects and concerns hospital institutions today. I would suggest that the diversion of patients from the private practitioner of physical medicine to the hospital or institutional facility will only serve to increase what is already an overcrowded situation in the out-patient departments. This not only strains hospital facilities and increases the necessity and cost of new equipment and treatment procedures, but it must necessarily reduce the quality of the treatment provided to the patient.

7. I am in agreement with the draftsmen of the Bill that physical therapy should be excluded as a benefit

so far as the general field of medicine is concerned for I can see areas of abuse which could arise. I suggest however that Bill 163 should not and need not be worded in as wide a form insofar as it operates to exclude physical therapy treatment as a qualified benefit under the insurance coverage proposed. I feel all will agree that the practice of physical medicine is a specialized field of medicine and the specialization in rehabilitation procedures of the body is an important, growing and accepted medical field. In addition, there is general agreement that physical therapy treatment given or supervised by a physiatrist in conjunction with and as a complement to his professional advice is the most effective method of physical medicine treatment of patients. I submit most strongly that it is desirable in the public interest that the opportunity for the expansion of the field of physical medicine both in private and institutional practice should be encouraged. Such being the case, I submit that it would be proper to limit the exceptance in Schedule "A" of Bill 163 insofar as it relates to physical therapy so that physical therapy offered by a specialist in physical medicine in his private offices or in a hospital or institution will be a properly included patient insurance benefit. To effect this, I suggest that paragraph 3, of

Schedule "A" to Bill 163 should be amended to read "physical therapy (other than physical therapy rendered by a specialist in physical medicine in hospital or in his office)"

All of which is respectfully submitted
at Windsor, Ontario, this 29th day of November, 1963.

Joseph Berkeley, M.D.

